

**Professional Development Committee**  
**Marriott West - Richmond, Virginia**  
**July 11, 2007**  
**10:30 a.m.**

Members Present:	Members Absent:	Staff:		Others:
Dr. James Dudley-Chair	Billy Altman-Excused	Scott Winston	Mary Kathryn Allen	Teresa Ashcraft
Holly Frost	Randy Abernathy	Chris Corbin	Marcia Pescitani	Helen Nelson
Linda Johnson		Warren Short	Tom Olander	Thomas Jarman
Dave Cullen		Greg Neiman	Mary Peyton Miller	Dr. Ace Ernst
Dana Helmick			Linda Harris	Joseph Melvin
Nick Klimenko			Kester F. Dingus	Mike Forbes
Kathy Eubank			Shawn Carpenter	Heidi Hooker
Jeffrey Reynolds			Bobby Baker	Holly Sturdevant
			Jon Blank	Deborah T. Akers

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. Welcome</b>	The meeting was called to order at 10:32	
<b>II. Introductions</b>	The members of the Committee introduced themselves	
<b>III. Approve Previous Minutes</b>	The Committee reviewed the Minutes of the January 10, 2007 meeting ( <b>ATTACHMENT A</b> )	<b>Motion by: Kathy Eubank</b> <b>To accept the minutes as presented</b> <b>Seconded by: Dave Cullen</b>  <b>Vote Unanimous</b>
<b>IV. Reports of Committee Members</b>	a. Officer Reports-None b. Reports of Committee Members-None c. Office of EMS <ol style="list-style-type: none"> <li>i. DED-Warren Short               <ol style="list-style-type: none"> <li>1. Staff – Tamika Abercrombie was hired to replace Norma Howard, however she just submitted her resignation so we will</li> </ol> </li> </ol>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>begin the process to fill the position again.</p> <ol style="list-style-type: none"> <li>2. Education Standards: <a href="http://www.nemsed.org">www.nemsed.org</a> <ol style="list-style-type: none"> <li>a. New Standards are out for review</li> <li>b. Deadline for comment is July 31, 2007</li> </ol> </li> </ol> <p>ii. ALS Training Specialist-Warren Short</p> <ol style="list-style-type: none"> <li>1. NREMT Computer Testing-Up and running. Had a few glitches at the start.</li> <li>2. ALS-C Seminar-ALS-C Meeting 7/20/07, Seminar 7/21/07</li> <li>3. NREMT-B Form/Process – Form is on our webpage. Must be certified in Virginia in order to be approved to take the NREMT-B exam</li> </ol> <p>iii. BLS Training Specialist-Greg Neiman</p> <ol style="list-style-type: none"> <li>1. EMS Instructor Updates-June update in WEMSC, July 14, 2007 in BREMS, August 4, 2007 in LFEMSC</li> <li>2. EMS Instructor Institute-1 full session June 9-13, 2007, FI admin session June 25 &amp; 26, 2007 – 24 total new Instructors</li> <li>3. Survey of Providers-only 48 responses since March, 2007</li> </ol> <p>iv. Funding and Accreditation-Warren Short</p> <ol style="list-style-type: none"> <li>1. ALSTF-See Report (<b>ATTACHMENT B</b>)</li> <li>2. BLS-Contract still under review</li> <li>3. Accreditation Update-See Report (<b>ATTACHMENT C</b>)</li> <li>4. Sim-baby Update-Almost all have been distributed. The Office is purchasing the new IV Simulators for all Accredited Programs</li> </ol> <p>v. Regulations-No changes since last meeting</p> <p>vi. Regional Council Study-ASMI has requested and received an extension to complete a review of OEMS Documentation. The Office expects a preliminary report at any time and the report is expected to be released at the next Governor's Advisory Board meeting.</p>	<p><b>PDC is charging the Office to review the process and determine the best way to increase survey respondents.</b></p>
<p><b>V. Reports of Pilot Programs</b></p>	<p>a. Competency Based EMT-B Program Pilot (<b>ATTACHMENT D</b>)</p> <ol style="list-style-type: none"> <li>i. Prince William County-Capt. Thomas Jarman – See Report (<b>ATTACHMENT E</b>)</li> <li>ii. Roanoke Valley Regional Fire Training Center-Jonathon Blank - Last class 7 enrolled, 7 passed 1<sup>st</sup> time State Test</li> <li>iii. JSRCC-Hanover County-Mary Peyton Miller – Last class 11 students, 1 was not allowed to test. 3 passed 1<sup>st</sup> time, 2 groups failed</li> <li>iv. TCC-Helen Nelson – Numbers are still coming in. Higher overall NR scores have been seen</li> </ol>	



Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>c. Revised Competencies</p> <p>Discussion. The recommended changes have come about after almost 1 year of Pilot Classes</p> <p>d. Committee Membership-5 positions on the committee are expiring. The Office will be contacting the sponsoring organizations to determine if the current representatives will be re-appointed or to solicit 2-3 names for consideration.</p>	<p><b>Motion by the Pilot Steering Subcommittee</b>  <b>To revise the minimum competency list as recommended (ATTACHMENT G)</b>  <b>No Second Required</b></p> <p><b>Vote: Unanimously Passed</b></p>
<b>IX. PUBLIC COMMENT</b>	<p>Dr. Dudley advised he may be asked to serve as MDC chair and if so will leave the PDC. If that happens, the Chair of the Governor's Advisory Board will appoint a new Chair for PDC</p> <p>Holly Frost requested that CTS changes occur only at regular specified times, such as January 1 and/or July 1 rather than when they are approved.</p> <p>Scott Winston indicated that the Office has been discussing where CTS should lie within the office.</p> <p>Nick Klimenko expressed a concern about an out of state NR Paramedic testing candidate that had been approved for Practical Testing without having registered with the NR. No one else had the same experience and Nick will contact Tom Nevetral for follow-up.</p>	
<b>X. ADJOURNMENT</b>	The Committee Adjourned at 1:09 p.m.	

Professional Development Committee  
Wednesday, July 11, 2007  
Marriott West - Innsbrook  
10:30 AM  
Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from January 10, 2007
- IV. Reports of Committee Members
  - a. Officer Reports
  - b. Reports of Committee Members
  - c. Office of EMS
    - i. Division of Educational Development-Warren Short, OEMS
      - 1. Staff
      - 2. Education Standards
    - ii. ALS Training Specialist- Tom Nevetral, OEMS
      - 1. NREMT Computer Testing
      - 2. ALS-C Seminar
      - 3. NREMT-B Form/Process
    - iii. BLS Training Specialist-Greg Neiman, OEMS
      - 1. EMS Instructor Updates
      - 2. EMS Instructor Institute
      - 3. Survey of Providers
    - iv. Funding and Accreditation-Warren Short, OEMS
      - 1. ALSTF
      - 2. BLS
      - 3. Accreditation Update
      - 4. Sim-baby Update
    - v. Regulations-No Change since last meeting
    - vi. Regional Council Study-Tim Perkins
- V. Reports of Pilot Programs
  - a. Competency Based EMT-B Program Pilot
    - i. Prince William County- Lt. Thomas Jarman
    - ii. Roanoke Valley Regional Fire Training Center-Dave Hoback
    - iii. JSRCC-Hanover County- B. Chief Wayne Woo
    - iv. TCC- Lorna Ramsey
  - b. Rural Competency Based EMT-B Pilot
    - i. Connie Purvis
    - ii. Gary Dalton
    - iii. Steve Puckett
    - iv. Delbert Garrett
    - v. Monique Dixon

- VI. Ad Hoc Committee Reports
  - a. Intermediate Curriculum Review-Tom Nevetral
  - b. BLS Curriculum Review – Linda Johnson-Chair
  - c. EMS Instructor Credentialing – Nick Kleminko-Chair
  - d. BLS Certification Test Committee-Jeff Reynolds-Chair
  - e. BLS Certification Evaluators Committee-Linda Johnson-Chair
- VII. Previous Agenda Items-NONE
- VIII. Agenda Items
  - a. Decision on BLS Skills Station
  - b. Motion to discontinue PPCR for the Medical and Trauma Stations at CTS
- IX. Public Comment
- X. Dates for 2007 Meetings
  - ~~a. January 10, 2007~~
  - ~~b. April 11, 2007~~
  - ~~c. July 11, 2007~~
  - d. October 10, 2007
- XI. Adjourn

**Attachment: A**  
**July 11, 2007 PDC Minutes**

**January 10, 2007**  
**Minutes of the PDC**

**Professional Development Committee  
Marriott West, Richmond Virginia  
January 10, 2007  
10:30 am**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>OEMS Staff:</b>	<b>Others:</b>
<b>Dr. James Dudley</b>	Linda Johnson-Excused	Gary Brown	Larry W. Snyder, Jr
<b>Nick Klimenko</b>	Jeff Reynolds-Excused	Scott Winston	Marcia Pescitani
<b>Donna Helmick</b>		Michael Berg	Cookie Conrad
<b>Dave Cullen</b>		Warren Short	Pat Pope
<b>Kathy Eubank</b>		Greg Neiman	Heidi Hooker
<b>Holly Frost</b>		Chad Blosser	Helen Nelson
<b>Randy Abernathy</b>		Tim Perkins	
<b>Billy Altman</b>		Beth Singer	

<b>Topic/Subject</b>	<b>Discussion</b>	<b>Recommendations, Action/Follow-up; Responsible Person</b>
<b>I. WELCOME</b>	Meeting Called to Order at 10:35am	
<b>II. INTRODUCTIONS</b>	Members of the Committee, Staff,	
<b>III. APPROVAL OF MINUTES</b>	<b>(Attachment A)</b>	<b>MOTION BY: Dave Cullen</b> <b>To accept the minutes as presented.</b> <b>SECONDED BY: Nick Klimenko</b>  <b>VOTE: Unanimous</b>
<b>IV. SPECIAL NOTIFICATION</b>	The committee members expressed their sincere condolences to Jeffrey Reynolds on the sudden death of his wife at the end of December.	
<b>V. REPORTS</b>	<b>A. Officer Reports-None</b>	
	<b>B. Committee Members Reports-None</b>	
	<b>C. Office of EMS-Warren Short</b>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>1. Division of Educational Development</p> <p>a. Staff-</p> <p>i. DED Secretary Position is open and the Office is attempting to fill</p> <p>ii. ALS Training Funds Assistant-Position has closed, Interviews are scheduled for January 19<sup>th</sup>, 2007</p> <p>iii. Test Coordinator Position-The Office is still trying to finalize the position description.</p> <p>2. Regulations</p> <p>Updating the Training Regulations with Michael Berg for submission. Michael Berg advised it is the last piece of the new regulations going towards the NOIRA Process</p>	
	<p>D. ALS Training Specialist-Warren Short (Tom Nevetral had prior commitment)</p> <p>1. NREMT Computer Adaptive Testing (CAT)/Computer Based Testing (CBT)</p> <p>a. Started January 1, 2007</p> <p>b. Working with Registry regarding NREMT-B</p> <p>c. All Accredited Programs should be registered with the Registry</p> <p>d. The Office had a meeting with programs in Virginia to bring them up to speed about the process last year</p> <p>Randy Abernathy asked if there was any move by the Registry to make Regregistration easier or more electronic? Warren responded that the Registry is looking at all aspects but have focused only on CBT/CAT recently.</p> <p>Holly Frost reported that she had heard the Registry was not charging to retake the written exam.</p> <p>Nick Klimenko reported that at a meeting with the Registry last year they are planning to revamp the practical once CBT/CAT is up and running. They are also exploring the possibility to allow current providers to retake the test if they do not complete the CE requirements.</p>	Discussion
	<p>E. BLS Training Specialist-Greg Neiman</p> <p>1. EMS Instructor Updates-Schedule for 2007 is on the web. First Update is in CSEMS on January 27<sup>th</sup> and the Second is February 10<sup>th</sup> in PEMS.</p> <p>2. EMS Instructor Institute-Greg has 25 people traveling to Norfolk for the Practical on January 13<sup>th</sup>. Next Institute is scheduled for February 3-7, 2007. Invitations will be going out next week to those who pass the practical this weekend. The following Institute is in June at Rescue College. Greg has had a poor response from those people who are qualified for the practical.</p> <p>Billy Altman asked where the Office was in providing this content via the Web. Warren responded we are very far along with Train to deliver web CE. Once that is running will consider offering more topics this way.</p>	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>3. Survey of Providers-Committee members were sent e-mails to preview the Survey via the web. Originally Greg had thought about linking off of the webpage, but doing so would open it to others to go to the survey and possibly skew the data. Changes requested from the last meeting were applied and a couple of questions were added to help clarify the data. Discussion continued on how to improve data collection.</p> <p>Holly Frost asked if we had considered a hard copy at the test sites to maybe increase responses. Greg responded that the ability to compile the data from written surveys may present a problem, and bubble cards would require programming.</p> <p>4. Change in Reimbursement Rates (<b>Attachment B</b>) Letter dated December 1<sup>st</sup>, 2006 regarding changes in BLS reimbursement rates. Brought the reimbursement in line with the regulations to prevent payment for Category 2 instruction. Issued a new Course Announcement Form to reflect the Changes.</p>	
	<p>F. Funding and Accreditation</p> <ol style="list-style-type: none"> <li>1. ALSTF/Accreditation Update (<b>See Attachment C</b>)</li> <li>2. BLS (See above)</li> <li>3. Sim-Baby Update – The Office has given birth to 28 Newborns. The Sim-babies will be distributed to the accredited sites and include new equipment upgrades to the Sim-man as well.</li> </ol> <p>Larry Snyder asked about the Service Contract/Responsibility for replacement/repair. Chad reported that while the Sim-man is owned by the Office, each site signs an equipment loan agreement with the Office that all items will be maintained as received, i.e. new.</p>	
<b>VI. REPORTS OF PILOT PROGRAMS</b>	<p>(<b>Attachment D</b>)</p> <p>A. Prince William County-No Classes since last report</p> <p>B. Roanoke Valley Regional Training Center-Jonathan Blank, 18 took the test prior to last PDC, 12 Passed Initially 3 retook Practical, 3 retook written – 5 have retested and passed, 1 still waiting to retest. Those who failed were identified early in the program as having test-taking problems. Planning another class near the end of February.</p> <p>C. JSRCC – Hanover County-Lt. Larry Snyder, 14 students tested Jan 4, 2007, 14 passed first time, 1 student has yet to test. Hanover High School program does not end until June. Have 6 students in that class.</p> <p>D. TCC - Helen Nelson – TCC Counts students who do not continue but do not drop as failures. Have had to add extra practicals in order to complete all of the competencies. Have 3 classes starting this Semester. Would like to have more interaction between the programs to coordinate scenarios, competency tracking. Most did not take the state exam in December but are planning to do so in January. Most took NREMT-B so they could be eligible to start Paramedic this semester.</p>	<p><b>Set up Pilot Meeting/Webinar</b>  <b>Forward e-mail from Tom Jarman</b></p> <p><b>MOTION BY: Nick Klimenko</b>  <b>To create an ad-hoc committee with representatives from all of the approved pilot programs, with Staff Support. Billy Altman will Chair from PDC.</b>  <b>SECONDED BY: Randy Abernathy</b>  <b>VOTE: Unanimous</b></p>

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
<b>VII. AD HOC COMMITTEE REPORTS</b>	<p>A. Intermediate Curriculum Committee-No Report</p> <p>B. BLS Curriculum Committee-Met through Webinar on December 6<sup>th</sup>, 2006. Assignments were given and will be meeting next week.</p> <p>C. EMS Instructor Credentialing Committee- Meeting this month, making progress.</p> <p>D. BLS Test Committee-meeting in two weeks, making progress.</p> <p>E. BLS Evaluator Committee-meeting in two weeks, making progress.</p>	
<b>VIII. PREVIOUS AGENDA ITEMS</b>	None	
<b>IX. AGENDA ITEMS</b>	<p>A. EMS Council Study – Gary Brown, Director OEMS discussed the purpose behind the study and the scope. One of the issues the company will be studying is identifying the advantages and disadvantages of State OEMS Field Offices vs the current Regional Council system. The Office has no position on that subject. The Office believes the study needs to be thorough, objective, and fair and whatever the results, whatever the research shows, whatever the recommendations that may come forward, they will be looked at in consultation with the EMS Advisory Board to determine what the best thing to do will be., but the Office has no position on that question.(See Attachment E)</p> <p>Tim Perkins discussed the handout and the study. Not everyone will be asked to provide input or an opinion but some will, but those that are should be as honest and forthright with the investigators as you can. Expect results by May 1, 2007, which is somewhat optimistic, but the process has already started.</p> <p>Holly Frost asked if individuals can request to be contacted and Tim and Gary responded that they could. The Office has provided the Study Group with dates and locations of large group meetings coming up in the next few months so they can meet and interact with as many providers as possible. Everyone is encouraged to get involved.</p>	Discussion
<b>X. PUBLIC COMMENT</b>	None	
<b>OTHER DISCUSSION</b>	Warren Short discussed the status of Online CE. The Office is still waiting for VITA to allocate a server. A suggestion was made to invite Dr. Kaplowitz to the next PDC meeting to discuss IT issues facing the Office of EMS.	
<b>XI. MEETING DATES</b>	The next meeting is April 11, 2007	
<b>XII. ADJOURNMENT</b>	Adjournment 12:10PM	

**Attachment: B**  
**July 11, 2007 PDC Minutes**

**ALS Training Funds Report**

# Advanced Life Support Training Funds Summary

As of June 30, 2007





### ALS Training Funds Summary of Expenditures

Training Fund Category	\$ Budgeted	\$ Obligated	\$ Disbursed	Remaining Funds
Accreditation Funding	\$ 110,000.00	\$ 29,000.00	\$ 31,500.00	\$ 78,500.00
Basic Course Funding	\$ 454,804.00	\$ 764,010.00	\$ 471,288.40	\$ (16,484.40)
Transition Program Funding	\$ 150,000.00	\$ 153,276.96	\$ 18,331.38	\$ 131,668.62
Auxiliary Program Funding	\$ 175,000.00	\$ 362,500.00	\$ 135,298.00	\$ 39,702.00
Individual/Organizational Tuition Funding	\$ 100,000.00		\$ 73,675.00	\$ 26,325.00
CE Funding by Planning District	\$ 210,196.00	\$ 285,040.00	\$ 89,195.79	\$ 121,000.21
<b>Grand Total</b>	<b>\$ 1,200,000.00</b>	<b>\$ 1,593,826.96</b>	<b>\$ 819,288.57</b>	<b>\$ 380,711.43</b>

In addition to disbursing more that \$800,000 in grant monies into the field for ALS training programs, the Office was also in a unique position to be able to purchase and distribute Laerdal SimBaby™ advanced pediatric training simulators to all accredited training sites across the Commonwealth.

SimBaby™ is the portable advanced infant patient simulator for team training. SimBaby has realistic anatomy and clinical functionality that enables simulation training. SimBaby includes software with video debriefing and an interactive technologically advanced manikin allowing learners to practice the emergency treatment of infant patients.

The benefits of SimBaby™ include:

- **Educational effectiveness** - provides highly realistic patient simulation training experiences for the practice of teamwork, leadership and communication skills.
- **Multi function use** - facilitates training of a wide range of health care professionals encompassing all areas of patient care.
- **Cost efficient** - durable and dependable for long term use and cost efficiency.
- **Practice infrequently occurring scenarios** - prepare the learners for the unusual cases the learner may face in real life.
- **Anatomically realistic** - enables a wide range of emergency medical interventions to be practiced.

**Attachment: C**  
**July 11, 2007 PDC Minutes**

**Accreditation Update**

# Accredited Training Site Directory

As of June 30, 2007





## **Accredited Paramedic<sup>1</sup> Training Programs in the Commonwealth**

<b>Site Name</b>	<b>Site Number</b>	<b>Expiration</b>	<b>Accreditation Status</b>
Associates in Emergency Care – GMRS	68303	11-2007	National – Initial
Associates in Emergency Care – LFCC	06111	11-2007	National – Initial
Associates in Emergency Care – Stafford	17908	11-2007	National – Initial
Center for Emergency Health Services – Fredericksburg	63013	11-2009	State – Full
Center for Emergency Health Services – Portsmouth	74014	11-2009	State – Full
Center for Emergency Health Services – Richmond	76028	11-2009	State – Full
Center for Emergency Health Services – Williamsburg	83006	11-2009	State – Full
Central Virginia Community College	68006	07-2009	State – Full
J. Sargeant Reynolds Community College – Chesterfield	04107	11-2007	National – Initial
J. Sargeant Reynolds Community College – Colonial Hgts.	57004	11-2007	National – Initial
J. Sargeant Reynolds Community College – Goochland	07504	11-2007	National – Initial
J. Sargeant Reynolds Community College – Hanover	08513	11-2007	National – Initial
J. Sargeant Reynolds Community College – Henrico	08709	11-2007	National – Initial
J. Sargeant Reynolds Community College – RAA	76029	11-2007	National – Initial
Jefferson College of Health Sciences	77007	05-2011	National – Continuing
Loudoun County Fire & Rescue	10704	05-2008	National – Initial
National College of Business & Technology	77512	11-2009	State – Full
Northern Virginia Community College	05906	05-2011	National – Continuing
Piedmont Virginia Community College/UVA	54006	11-2008	National – Initial
Southwest Virginia Community College	18507	01-2008	National – Continuing
Tidewater Community College	81016	05-2011	National – Continuing
Tidewater Community College – NNFDTCTC	70014	05-2011	National – Continuing
VCU School of Medicine Paramedic Program	76011	03-2008	National – Continuing

1. Programs accredited at the Paramedic level may also offer instruction at EMT- I, EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

Legend:  - Community College Main Site

- Private Business Main Site

- Alternate Site

### **Accredited Intermediate<sup>1</sup> Training Programs in the Commonwealth**

Site Name	Site Number	Expiration	Accreditation Status
Central Shenandoah EMS Council Intermediate Program	79001	05-2010	State – Full
John Tyler Community College	04115	02-2008	State – Conditional
Lord Fairfax Community College	06903	06-2007	State – Conditional
New River Valley Training Center	75004	12-2007	State – Conditional
Norfolk Fire-Rescue	71008	07-2007	State – Conditional
Patrick Henry Community College	08908	07-2007	State – Conditional
Prince William County Paramedic Program	15312	07-2010	State – Full
Rappahannock Community College – Warsaw	15904	07-2007	State – Conditional
Rappahannock Community College – Glenss	11903	07-2007	State – Conditional
Rappahannock EMS Council Intermediate Program	63007	01-2009	State – Full
Roanoke Regional Fire-EMS Training Center	77505	12-2009	State – Full
Southside Rescue Squad	11708	07-2007	State – Conditional
UVa Prehospital Program	54008	07-2009	State – Full

1. Programs accredited at the Intermediate level may also offer instruction at EMT - E, EMT - B, FR, as well as teach continuing education and auxiliary courses.

Legend:  - Community College Main Site  - Private Business Main Site  - Alternate Site

### **EMT-Intermediate Candidate Sites**

Site Name	Site Number	Council	Accreditation Status
Tidewater EMS Council	unassigned	TEMS	Will be submitting a self study in 2007 for the Eastern Shore of Virginia.
ODEMSA	04114	ODEMSA	Self Study submitted and site visit being scheduled for July 2007.
Franklin County Public Safety Training Center	06705	WVEMS	Self Study submitted January 6, 2007. In process.

**Coverage:**

Paramedic Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	6	6
Private Institutions	6	5

Intermediate Programs

	Number of Main Sites	Number of Alternative Sites
VCCS Institutions	4	1
Private Institutions	8	0

***What is OEMS's plan or "next steps" to increase the 92 percent coverage within a 30-mile radius of accredited sites and to increase the number of accredited sites?***

The OEMS Accreditation program is still growing and building on its own—with little or no specific action being taken by the Office. However, the Division of Educational Development continues to market to and educate ALS-Coordination and Regional Councils during each of the EMS Instructor Updates conducted throughout the year [there are 10 updates held per year at a minimum]. The Division continues to encourage participation with the accreditation program whenever and where ever we have an audience.

The Office has recently been in communication with the Tidewater EMS Council and they are planning to submit a self-study sometime during FY08 which will bring training to the Eastern Shore, an area where training is desperately needed. According to our calculations, that will boost the coverage by accredited training sites to 96% of the Commonwealth.

**Attachment: D**  
**July 11, 2007 PDC Minutes**

**Pilot Program Reports**

## BLS Pilot Program Report 3-27-07

### Results Overview





Date: 7/10/2007 2:40 PM PST  
 Responses: Completes  
 Filter: No filter applied

Image

The Office of EMS and the EMS Advisory Board's Professional Development Committee appreciate your willingness to assist in piloting the competency based EMT Basic programs. We realize you are providing additional time to investigate potential improvements in EMS. The following survey will assist with collecting data from the pilot programs in a consistent and reliable manner. Please contact Greg Neiman, Chad Blosser or Warren Short with questions or problems completing this survey. . . Thank You Office of EMS, Division of Educational Development Professional Development Committee

1. Please select the name of the institution for which you are submitting a report.

J. Sargeant Reynolds CC - Hanover Fire		1	50%
J. Sargeant Reynolds CC - Henrico		0	0%
Prince William County Paramedic Program		0	0%
Roanoke Valley Regional Fire Training Center		0	0%
Tidewater Community College		1	50%
Total		2	100%

2. This is my \_\_\_\_\_ program using the initial pilot program standards?

First		0	0%
Second		2	100%
Third		0	0%
Fourth		0	0%
Fifth		0	0%
Sixth		0	0%
Total		2	100%


3. Has this program ended?

		0	0%
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**Attachment D - 7/11/07 DRAFT PDC Minutes**

Yes			
No		2	100%
Total		2	100%

**7.** Do you feel the introduction of competencies increased the overall length of your class?

Yes		1	50%
No		1	50%
Total		2	100%

Image

**8.** The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5	6	7	8	9	10	N/A
demonstrate PPE (2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
disinfect/clean equipment/ambulance. (2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
comply with an infectious exposure (2)	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
ability to assess for breathing difficulty.(5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
ability to acquire a pulse (10)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
ability to assess the skin in an adult.(10)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
ability to assess capillary refill in infants and children (2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
ability to assess the pupils (10)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
ability to obtain a blood pressure.(10)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
ability to obtain a sample history.(10)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
Wheeled ambulance stretcher (2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
Stair chair (2)	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
Long spine board (2)	1	0	0	0	0	0	0	0	0	0	1

**Attachment D - 7/11/07 DRAFT PDC Minutes**

	50%	0%	0%	0%	0%	0%	0%	0%	0%	0%	50%
Transfer from an ambulance stretcher to a hospital stretcher (1)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%

Image

11.

The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5	6	7	8	9	10	N/A
ability to perform a chin-lift during an airway scenario. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
ability to perform a jaw thrust during an airway scenario.(5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
ability to perform suctioning during an airway scenario.(5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
ability to provide mouth to mouth ventilation using BSI.(5)	0 0%	2 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
a pocket mask to artificially ventilate a patient. (5)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
ability during an airway scenario using a BVM. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
artificially ventilating a patient with a bag-valve-mask for 1 and 2 rescuers(5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
ability to ventilate using a BVM for 1 minute (5)	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
ventilating with a flow restricted, oxygen powered	2 100%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%

Attachment D - 7/11/07 DRAFT PDC Minutes

ventilation device.(2)											
artificially ventilate a patient with a stoma. (3)	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
insert an oropharyngeal (oral) airway.(5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
insert a nasopharyngeal (nasal) airway. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
operation of oxygen tanks and regulators. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
use of a nonrebreather face mask (5)	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	1 50%
use of a nasal cannula (5)	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
artificially ventilate the infant and child patient. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
oxygen administration for the infant and child patient. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%

Image

14.

The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5	6	7	8	9	10	N/A
While reviewing presentation of scenes, identify potential hazards (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
techniques for assessing mental status. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
techniques for assessing the airway. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
techniques											

for assessing if the patient is breathing. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
techniques for assessing if the patient has a pulse. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
techniques for assessing the patient for external bleeding. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only). (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
ability to prioritize patients.(3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
rapid trauma assessment (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
patient assessment skills to assist a patient who is responsive with no known history.(3)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
patient assessment skills used to assist a patient who is unresponsive or has an altered mental status.(3)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
performing the detailed physical exam. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
performing the on-going assessment. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
Perform a radio transmission. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
Perform a report given to the staff at a receiving facility.(3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
Perform a report given	0	0	0	0	0	0	0	0	0	0	2

to an ALS provider (3)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
Complete a prehospital care report. (3)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%

Image

17.

The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5	6	7	8	9	10	N/A
assisting with self administration of medications. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%	1 50%
Read the labels and inspect each type of medication. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%	1 50%
emergency medical care for breathing difficulty. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
Perform the steps in facilitating the use of an inhaler.(5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
care of a patient experiencing chest pain/discomfort. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
application and operation of the AED. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
maintenance of an AED. (5)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
assessment and documentation of patient response to the AED. (5)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
complete the Automated Defibrillator: Operator's Shift Checklist. (5)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
Perform the steps in the use of nitroglycerin for chest pain or discomfort. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
assessment and documentation of patient response to nitroglycerin. (5)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
prehospital care report for cardiac emergencies.(5)	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care for the patient taking diabetic medicine with an altered mental status and a history of diabetes. (3)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
the administration of	0	0	0	0	0	0	0	0	0	0	2

oral glucose. (3)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
assessment and documentation of patient response to oral glucose. (3)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
prehospital care report for patients with diabetic emergencies.(3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care of the patient experiencing an allergic reaction.(3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
use of epinephrine auto-injector. (3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
assessment and documentation of patient response to an epinephrine injection.(3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
proper disposal of equipment.(3)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
a prehospital care report for patients with allergic emergencies.(3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care for the patient with possible overdose.(3)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
care of a patient with exposure to cold.(3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care of a patient with exposure to heat.(3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care of a near drowning patient. (3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
a prehospital care report for patients with environmental emergencies.(3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care of the patient experiencing a behavioral emergency. (3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
techniques to safely restrain a patient with a behavioral problem.(2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
assist in the normal cephalic delivery. (0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care procedures of the fetus as the head appears.(0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
infant neonatal procedures.(0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
post delivery care of infant. (0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
how and when to cut the umbilical cord. (0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
the steps in the delivery of the placenta. (0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
post-delivery care of the mother. (0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
procedures for the following abnormal											

deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation. (0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
care of the mother with excessive bleeding.(0)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
prehospital care report for patients with obstetrical/gynecological emergencies. (0)	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%

Image

20.

The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5	6	7	8	9	10	N/A
direct pressure as a method of emergency medical care of external bleeding. applying a dressing and bandage to the: (12) [Head times 2 Shoulder times 2 Forearm time 2 Fingers times 2 Hip times 2 Calf times 2]	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
use of diffuse pressure as a method of care of external bleeding.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
pressure points and tourniquets as a method of care of external bleeding. Demonstrate the ability to locate and apply bleeding control methods using the following pressure points: (4) A) Brachial X2 B) Femoral X2	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
care of signs and symptoms of internal	0	0	0	0	0	0	0	0	0	0	2

bleeding.(1)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	100%
care of signs and symptoms of shock (hypoperfusion).	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
prehospital care report for patient with bleeding and/or shock	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of closed soft tissue injuries.(1)	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of open soft tissue injuries.(1)	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of a patient with an open chest wound.(2)	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of a patient with open abdominal wounds(2)	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of a patient with an impaled object.(1)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of a patient with an amputation.(1)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of an amputated part.	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
steps in the care of a patient with superficial burns.(1)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
steps in the care of a patient with partial thickness burns. (1)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
steps in the care of a patient with full thickness burns. (1)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
steps in the care of a patient with a chemical burn.(1)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
completing a prehospital care report for patients with soft tissue injuries.(1)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
care of a patient with a painful, swollen, deformed extremity.											

Demonstrate 2 times each of the following: (12)[ A) Forearm B) Arm C) Clavicle D) Thigh E) Calf D) Ankle/Foot]	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
prehospital care report for patients with musculoskeletal injuries.	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%

Image

23.

The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5	6	7	8	9	10	N/A
opening the airway in a patient with suspected spinal cord injury.(4)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
evaluating a responsive patient with a suspected spinal cord injury.(4)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
stabilization of the cervical spine. (4)	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	1 50%
four person log roll for a suspected spinal cord injury.(2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
log roll a suspected spinal cord injury using two people.(2)	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
securing a patient to a long spine board.	0 0%	0 0%	0 0%	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
short board immobilization technique. (3)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
procedure for rapid extrication. (1)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
methods for											

stabilization of a helmet. (2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
helmet removal techniques. (2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
alternative methods for stabilization of a helmet.	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
prehospital care report for patients with head and spinal injuries. (2)	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
techniques of foreign body airway obstruction removal in the infant.(3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
techniques of foreign body airway obstruction removal in the child.(3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
assessment of the infant and child. (2)	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	2 100%
bag-valve-mask artificial ventilations for the infant. (3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
bag-valve-mask artificial ventilations for the child. (3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
oxygen delivery for the infant and child. (3)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
perform triage. (2)	0 0%	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%

Image



26.

The following question requests your responses to the number of competencies listed for each skill. Select the appropriate number of times a competency should be conducted for each skill listed. If the current number of competencies set for the pilot are adequate, select NA as your answer. The number in parenthesis represents the number of competencies set for the pilot.




Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	1	2	3	4	5	6	7	8	9	10	N/A
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participate as an attendant on no less than 3 911 ambulance responses following completion of all lab competencies. (3)	1 50%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	1 50%
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**30.** Where were your non-certified EMT Instructors utilized? (click all that apply)

Didactic		2	100%
Lab		2	100%
Clinical		0	0%

**33.** Which of the following criteria was useful in selecting non certified EMT Instructors: (check all that apply)

The selection process utilized in our ALS programs		1	50%
Instructional Experience		2	100%
Subject knowledge		2	100%
Other		0	0%

**40.** Choose one category below which best describes where your institution is located.

Urban area of greater than 500,000 people		0	0%
Urban area with a population of 150,000-500,000		1	50%
Urban area with less than 150,000 people		0	0%
Suburban location		1	50%
Rural location		0	0%
Total		2	100%

Thank you very much for completing the mandatory pilot program report. Your cooperation and participation is appreciated.

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**Attachment: E**  
**July 11, 2007 PDC Minutes**

# **Prince William County Pilot Program Report**

# Prince William County Department of Fire and Rescue EMT-B Pilot Program PDC Report



EMT Pilot Program - Competency/Instructor variable

Date of Class	Didactic Time (in hours)	Lab Time (in hours)	Subject Taught	Primary Instructor (For class) EMT Instructor (Y=YES N=NO)	Lab instructor levels	Comments
2/7/2007	3.00		Introduction to emergency care/Well being of EMT	Yes	B/F	Jarman
2/7/2007		1.00	Well being of EMT (infection control)	Yes	P/F B	Jarman/Francois
2/8/2007	3.00		Lifting and Moving	Yes	P/F	Jarman
2/8/2007		4.00	Stretcher/stairchair/draggs,carries/reeves	No	P/F 3B, P	Jarman, Mowry, Dempsey, Sims, Morrison
2/9/2007	2.00		Medical/Legal	Yes	P/F	Jarman
2/9/2007	4.00		The Human Body	Yes	P/F	Jarman
2/12/2007	1.00		Baseline vital signs/sample	Yes	P/F	Jarman
2/12/2007	2.00		Airway	Yes	P/F	Jarman
2/12/2007		4.00	Baseline vital signs/sample/Airway/AED	No	P/F, P, 3B	Jarman, Morrison, Dempsey, Mowrey, Francois
2/13/2007	1.00		Scene Sizeup	Yes	B/F	Phillips
2/13/2007	1.00		Initial Assessment	Yes	B/F	Phillips
2/13/2007	1.00		Focused history & physical exam trauma	Yes	B/F	Phillips
2/13/2007		4.00	Trauma assess./airway	Yes	B/F, P/F, 3B	Phillips, Jarman, Mowry, Dempsey, Sims
2/14/2007	0.75		Detailed Physical Examination	Yes	B/F	Phillips
2/14/2007	0.50		Ongoing Assessment	Yes	B/F	Phillips
2/14/2007	2.00		Bleeding and Shock	Yes	B/F	Phillips
2/14/2007		4.00	Trauma Assess x2, Vital signs Airway, CPR/AED	No	B/F, P/F, 3B	Phillips, Jarman, Mowry, Francois, Sims
2/15/2007	1.50		Soft Tissue Injuries	Yes	B/F	Phillips
2/15/2007	1.50		Chest and Abdominal Trauma	Yes	B/F	Jarman
2/15/2007		4.00	Trauma Assess x2, KED, Airway, Hare	No	B/F, 3 B, P	Phillips, Mowry, Sims, Dempsey, Darabond
2/16/2007	1.5		Documentation	Yes	B/F	Phillips
2/16/2007	2.00		Musculoskeletal Care	Yes	B/F	Phillips
2/16/2007	2.00		Injuries to Head and Spine	Yes	B/F	Phillips
2/20/2007	1.50		Communications	Yes	B/F	Phillips
2/20/2007	1.00		Disasters and Hazards	Yes	B/F	Phillips
2/20/2007		5.00	Trauma Assess X 2, KED, CPR, Airway	No	B/F, 4B	Phillips, Dempsey, Mowry, Sims, Moore, Francois
2/21/2007	2.00		Landing Zones	No	P	McAlister
2/21/2007		4.00	Communications tour/landing zone practical	No	P, B	McAlister/Lt. Smith
2/22/2007		8.00	Trauma Assess x2, KED, CPR, Airway	No	B/F, P/F, P, 4B	Phillips, Jarman, Darabond, Dempsey, Mowry, Moore, Francois
2/23/2007		6.00	Trauma Assess, KED, CPR, Airway (Midterm Testing)	No	B/F, P/F, P, 5B	Phillips, Jarman, Darabond, Dempsey, Mowry, Moore, Francois, Moore, Greenfield
2/26/2007	1.00		Assessment of Medical Patient	Yes	P/F	Jarman
2/26/2007	2.00		General Pharmacology	Yes	P/F	Jarman
2/26/2007	1.50		Allergies	Yes	P/F	Jarman
2/26/2007		4.00	Medical Assess x 2, Trauma Assess x 2, Splinting	No	4 B, P/F, 2 P	Dempsey, Mowry, Moore, Francois, Jarman, Morrison, Darabond,
2/27/2007	2.00		Respiratory Emergencies	Yes	P/F	Jarman
2/27/2007	2.00		Cardiovascular Emergencies	Yes	P/F	Jarman
2/27/2007		4.00	Trauma Assess, CPR, Med. Assess X2, KED/Hare	No	B/F, P/F, 3B	Phillips, Jarman, Mowry, Dempsey, Sims
2/28/2007	3.00		OB	Yes	P/F	Jarman
2/28/2007		4.00	OB Practicals	No	P/F, B/F, 3B	Jarman, Phillips, Dempsey, Mowry, Sims
3/1/2007	1.50		Environmental Emergencies	Yes	B/F	Phillips
3/1/2007	1.50		Ambulance Operations	Yes	B/F	Phillips
3/1/2007		5.00	Trauma x 2, Medical x 2, CPR	No	3B, B/F, P	Mowry, Dempsey, Moore, Phillips, Morrison
3/2/2007	3.00		Infants and Children	Yes	P/F	Jarman
3/2/2007	1.00		Gaining Access	Yes	P/F	Phillips
3/2/2007	1.50		Poisoning/Overdose	Yes	P/F	Jarman
3/5/2007	1.50		Behavior Emergencies	Yes	B/F	Phillips
3/5/2007	1.50		Altered Mental Status	Yes	B/F	Phillips
3/5/2007		5.00	Trauma x 2, Medical x 2, CPR	No	4B, P/F, B/F	Mowry, Dempsey, Sims, Francois, Jarman, Phillips
3/6/2007	2.50		Geriatric Emergencies	Yes	P/F	Jarman

3/6/2007		5.00	Trauma x 2, Medical x 2, KED/Hare	No	3B, B/F, P	Sims, Mowry, Dempsey, Phillips Jarman
3/7/2007	3.00		MCI/Start Triage	Yes	P/F	Jarman
3/7/2007		4.00	MCI Drill	No	B/F, P/F, P, 5B	Phillips, Jarman, Darabond, Dempsey, Mowry, Moore, Francois, Moore, Greenfield
3/8/2007		8.00	Trauma x 2, Medical x 2, CPR	No	3B, P, P/F, B/F	Sims, Mowry, Dempsey, Morrison, Jarman, Phillips
3/9/2007		5.00	Trauma, Medical, CPR (Final Testing)	No	B/F, P/F, P, 5B	Phillips, Jarman, Darabond, Dempsey, Mowry, Moore, Francois, Moore, Greenfield
3/12/2007		8.00	Trauma x 2, Medical x 2, CPR	No	3B, P, P/F, B/F	Sims, Mowry, Dempsey, Morrison, Jarman, Phillips
3/15/2007		8.00	Trauma x 2, Medical x 2, CPR	No	3B, P, P/F, B/F	Sims, Mowry, Dempsey, Morrison, Jarman, Phillips
Total Hours	59.75	104.00				

Class name: EMT-B/Recruit Class 07-1 **Partial Evaluation**  
Class # 07-1  
Location PSA  
Date February 7 – March 16, 2007  
Instructors: Lt. Jarman, Tech II Phillips

Enrolled: 21 Initial entry/ 7 refresher/2 Medics

**Evaluation Results:**

Evaluations Received: 30

Instructor Effectiveness =	4.63
Course Information=	4.45
Facilities and Support Services=	4.7
Overall=	4.53

**Comments:**

**Like to see in future training:**

- More practical time/team practical time
- More time for practicals
- More time for practicals
- Definitely have prerequisites so that candidates can be more prepared for the fast pace of class. If this were like boot camp it would be better so that one can stay totally focused and get every minute and opportunity to absorb and eternalize and regurgitate all material expected at full potential
- I would like more time with practicals, but I understand that time isn't always available
- Handouts for all the practical stations
- Practical time that is more inclusive – sometimes I felt like we weren't given enough time and diversity of scenarios
- More time with practicals and more in-class time.
- More information on shock
- More time to cover required material in practical sessions
- I would like to see a little more time to prepare for quizzes

**Best Liked:**

- Instructors
- Up beat teaching styles
- The instructors' enthusiasm for the subject/material. They are very effective in teaching the material, as well as providing the necessary resources
- I was able to learn a lot of EMT stuff
- Instructors
- The instructors' willingness to accommodate student's with what they need, this includes extra time for practice
- The use of videos helped in understanding things

- Instructors' have a lot of experience and knowledge. Good personality and sense of humor helped a lot
- The large amount of information we get
- The video clips and sense of humor of instructors
- Very educational, liked the practical portion, and appreciated the fact that instructors are willing to stay late to help recruits
- Instructors make lectures easier to understand and fun
- Lay out of lectures for class size. Able to reach out to all the students
- Instructors
- The fairness of evaluators
- Practical time
- Instructors are enthusiastic for the most part, and helps to keep the class interesting
- Lt. Jarman's presentations were excellent. Both instructors were fair and impartial. They both seemed like they enjoyed the subject
- Instructors are very knowledgeable, interesting, enthusiastic, open to questions and are very helpful
- The instructors
- 

#### **Least Liked:**

- Short time frames
- We really don't have enough time to practice
- Lack of practical time
- People without experience or knowledge had a huge disadvantage because of time restraint
- I would rather take quizzes in the morning
- Time constraints
- Not enough time at stations
- Speed of class
- Although it's hard to control, we really didn't have enough time during class for practicals. Instructors did stay after class, which was more than generous
- The amount of information that needs to be retained in such little time can be overwhelming at times
- Inconsistency between book, workbook and lecture
- The amount of time provided was enough, but would be better if there was more.

#### **Additional Comments:**

- Team people up with people who really want success as a team not on individual merit. Team people up with instructor and teacher to give undivided attention so they know where they failed and still have time to improve so they don't fall behind

- I think I would learn more effectively if we did more practical exercises the same time we lectured. I am aware that time and space would be a constraint but I think we could do more active practicals during lecture.
- I appreciate the instructors making time to allow us to practice after class and on the weekend. The advice and tips are very useful. Thank you.
- Overall great knowledge on subject from instructors. Just need more time in stations.
- Slide shows are hard to see, need better visual aids

Class name: EMT-B/Recruit Class 07-1 **FINAL**  
Class # 07-1  
Location PSA  
Date February 7 – March 16, 2007  
Instructors: Lt. Jarman, Tech II Phillips

Enrolled: 21 Initial entry/7 refresher/2 Medics

**Evaluation Results:**

Evaluations Received: 26

Instructor Effectiveness =	4.88
Course Information=	4.71
Facilities and Support Services=	4.81
Overall=	4.88

**Comments:**

**Like to see in future training:**

- A little more time for practicals, but that might take away from the presentation of material
- If possible, more time. It's a lot of material to comprehend in a little amount of time
- Smaller practical groups. More field ride-a-longs
- More videos in lectures. Defensive and de-escalation tactics. Use the Brady Emergency Care Text
- More field time
- Use of the Brady Emergency Care Text.
- More Videos
- Smaller class size and more practical time
- To run the MCI drill twice
- More ride-along with fire stations and hospitals
- Nothing. You guys did a wonderful job with the presentations and the knowledge of the material you were teaching
- More clinical time
- I would like to see the lectures move a little quicker, sometimes it would take extra time to finish lectures

**Best Liked:**

- I liked how the instructors kept the course interesting with videos and a sense of humor
- I liked all of it
- I liked the hands on and getting dirty with the material. Looked forward to coming to class and having fun with the instructors. Loved watching the funny video clips also
- The amount of information and time

- The instructors personal attention to everyone
- Doing the practice runs. Visual aids were the best
- I loved the videos that were integrated and the MCI event
- Instructors
- Lt. Jarman is very knowledgeable and enthusiastic when teaching this EMT-B course. He has a lot of stories from the field that he uses to both entertain us and teach us how to deal with situations we may find ourselves in. He makes the class interesting and I am honestly surprised how much information I retained, considering how quickly we went through each chapter.
- Instructors' teaching styles
- Interaction with instructor
- References to real life experiences of instructors
- Visual aids
- I enjoyed this course a lot.
- The videos
- I thought the instructors were very knowledgeable and also helpful. They were always willing to stay over and help the class
- Videos embedded within the lectures. Sense of humor of instructors. Helicopter/communications tour. MCI
- Enthusiasm of instructors. Review of Midterm/Final
- Instructors are extremely knowledgeable, approachable, funny and enthusiastic.
- Lectures with Lt. Jarman and the practical exercises
- Instructors; real life stories. It made the training real not only "what if" situations.
- The lectures and presentations were well thought out and entertaining

#### **Least Liked:**

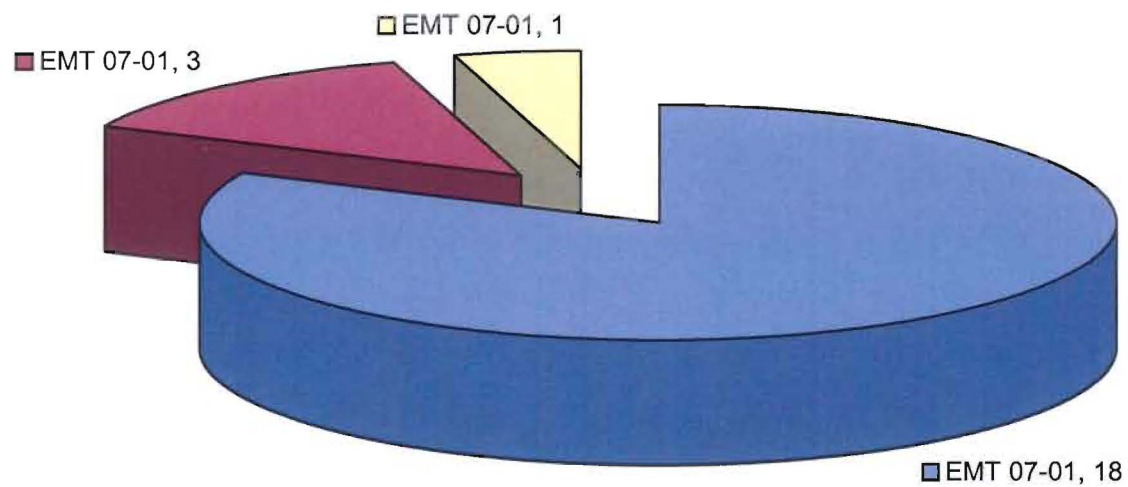
- Time management. Cutting lunch short and leaving late happened too often
- More time w/practicals. It got better after midterms though
- The classroom
- The amount of material learned in such little time is a little overwhelming, but I understand time is very limited
- Large groups
- Amount of time to completed the course. EMT text seemed dated with bad layout
- Some lectures were very brief
- The disrespect some students had for other students
- How fast material was covered, sometimes it went very quickly
- The class went very quickly and I think I could have don better on the quizzes if we had a day or so to study instead of the quiz being the next day. Tech II Phillips could have been nicer to us. I understand we are lowly recruits but it just seems like we get enough punishment on the burn pad for everything we mess up on, and adding to it I the classroom makes concentrating on trying to absorb all of the EMT information difficult

- The length of lectures. I have trouble paying attention for long time. I would like more hands on but I realize there is a certain amount of material needed to be covered in lecture. I just learn better with hands on.

**Additional Comments:**

- All in all I enjoyed this course. Lt. Jarman and Tech II Phillips kept it very interesting even for someone with the attention span of a squirrel
- I think that Lt. Jarman and Tech II Phillips did an excellent job! Keep up the good work
- Both instructors obviously put a lot of time and effort into preparing and teaching this course, which is much appreciated. Both are very dedicated, and although their teaching styles are different, I learned a lot from both of them. Thanks for everything
- Lt. Jarman and Tech. II Phillips were excellent instructors. I loved having them around. Great job. Keep it up. Excellent teaching skills
- The instructors were the best I ever had, particularly Lt. Jarman
- Like more time in course, it would help
- I would like to see some practical demo stations during lectures
- I would like to thank instructors Phillips and Jarman. I learned a lot from them. Great instructors, great team. Thank you.
- I appreciated the willingness of the instructors to donate time to help after dismissal
- Try a different classroom. One with windows or better ventilation for more comfort.

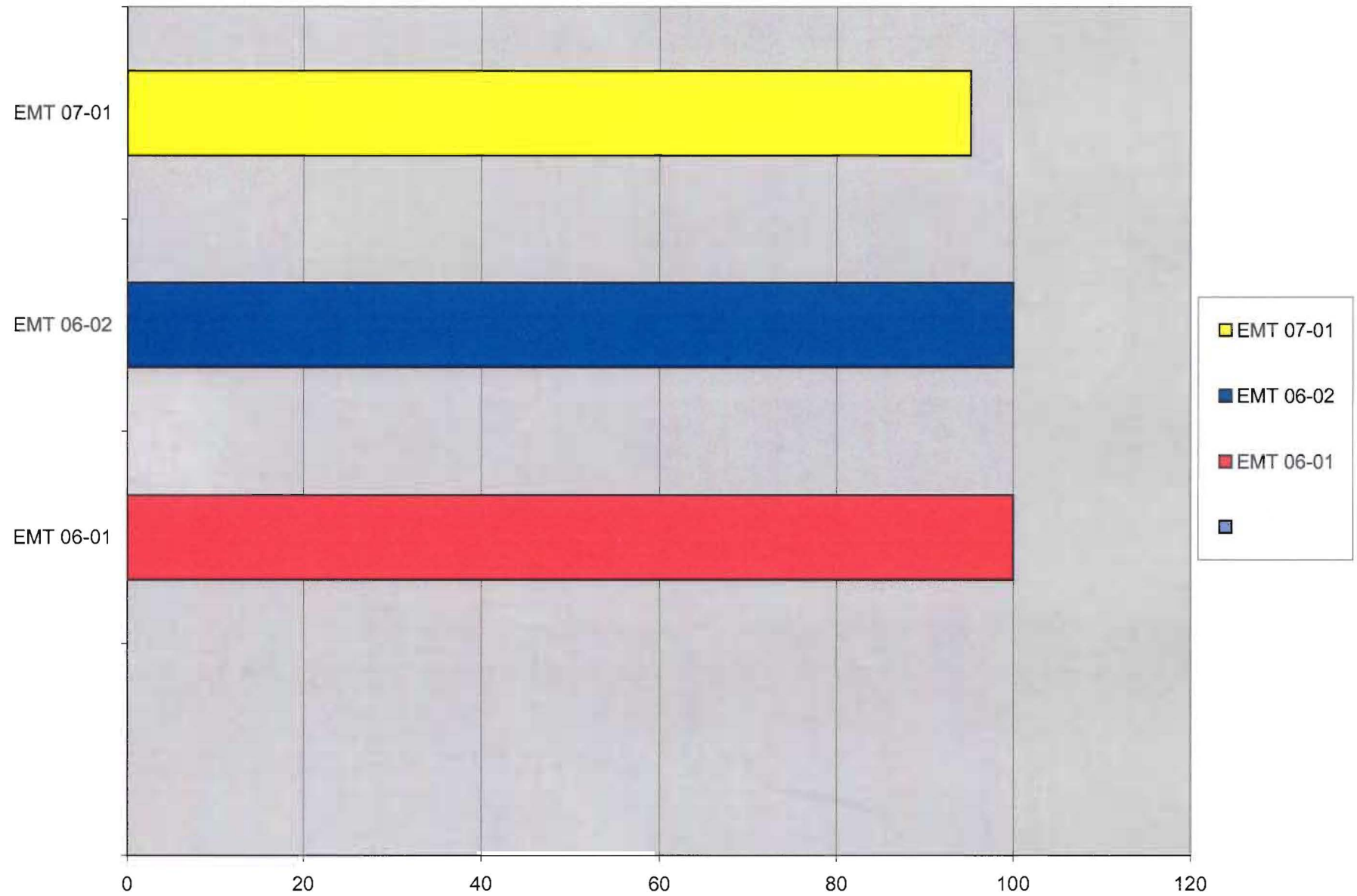
Prince William County  
Department of  
Fire and Rescue  
EMT 07-01



■ Pass First Attempt

■ Pass Second Attempt

□ Failed Second Attempt



**Attachment: F**  
**July 11, 2007 PDC Minutes**

**BLS Curriculum Review  
Committee Presentation**

### Course Design

- added to current curriculum
- taught over the entire class
- multiple exposure vs. single modular class after regular course

### Module Additions

#### Module 2 Airway

- Lesson 2-1A      Adjusted dose oxygen
- Lesson 2-1B      Tracheostomy Management

#### Module 4 Medical Emergencies

- Lesson 4-2A      Respiratory Emergencies
- Adjusted dose oxygen
  - Pulse Oximetry
  - Medication: Beta 2 Agonist HHN
  - Medication: Atrovent HHN
  -
- Lesson 4-3A      Cardiovascular Emergencies
- Medication: Aspirin PO
  - Medication: Nitroglycerin (ambulance supply) SL
  - Medication: Nitroglycerin Topical Paste
- Lesson 4-4A      Diabetes/Altered Mental Status
- Glucometry
  - Medication: Glucagon IM
- Lesson 4-5A      Allergies
- Medication: Non-prescribed Auto Injector
  - Medication: Epinephrine 1:1000 SC
  - Medication: Beta 2 Agonist HHN

#### Module 8 Advanced Airway

- Lesson 8-4      Advanced Airway Management I (optional)
- Dual Lumen Device (Combitube)
- Lesson 8-5      Practical Skills Lab Advanced Airway (Combitube)
- Dual Lumen Device (Combitube)
- Lesson 8-4      Advanced Airway Management II (optional)
- King-LT Airway
- Lesson 8-5      Practical Skills Lab Advanced Airway II King -LT
- King-LT Airway

# TRACHEOSTOMY MANAGEMENT SKILL SHEET

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “\*\*\*” so long as first ventilation is delivered within 30 seconds.

Column A = Procedure Check List, Column B = Skills Evaluation

Desired Action or Procedure	Points	A	B
<b>Suctioning</b>			
Takes or verbalizes body substance isolation procedures	1		
Preoxygenate	1		
Select appropriate sized flexible catheter	1		
Inject 3 cc sterile saline down trachea	1		
Instruct patient to exhale	1		
Insert suction catheter until resistance detected	1		
Instruct patient to cough or exhale	1		
Suction during withdrawal	1		
<b>Passing Score: 6 points</b>	<b>Total: 8</b>		

**NOTE: Examiner states: "You are unable to clear the airway with suctioning. Please replace the tracheostomy tube."**

Tracheostomy Tube replacement	Points	A	B
Directs assistant to preoxygenate patient	1		
Selects appropriate size tracheostomy tube	1		
Checks/prepares airway device (inserts obturator, removes inner cannula)	1		
Lubricates distal tip of the device [may be verbalized]	1		
Positions head properly	1		
Deflates distal cuff if present	(1)		
Removes existing obstructed device			
Applies gentle traction to next to expose stoma	1		
Inserts device following the anatomy of the airway	1		
Inflates distal cuff with proper volume if present and removes syringe	(1)		
Attaches/directs attachment of BVM to the device and ventilates (using inner cannula if present)	1		
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung	1		
Ensures a false lumen has not been created	1		
<b>Passing Score: 8 points</b>	<b>Total: 10 (12)</b>		

## Critical Criteria

- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations.
- \_\_\_\_\_ Ventilates patient at a rate greater than 12 breaths per minute.
- \_\_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- \_\_\_\_\_ Failure to insert the tracheostomy tube device properly within 2 attempts.
- \_\_\_\_\_ Failure to inflate distal cuff if present .
- \_\_\_\_\_ Failure to remove the syringe immediately after inflation of distal cuff if present.
- \_\_\_\_\_ Failure to confirm proper positioning of the device by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung during ventilation.
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to patient.

## OBJECTIVES

### Objectives Legend

C = Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application Level

3 = Problem-solving level

### COGNITIVE OBJECTIVES

1. List the steps in performing the actions taken when providing mouth to-mouth and mouth-to-stoma artificial ventilation.(C-1)
2. List and describe common causes of stoma obstruction (C-1)
3. Describe the techniques of suctioning laryngectomies (stomas) (C-1)
4. Describe the techniques of suctioning tracheostomy tubes (C-1)
5. List the steps and describe the cleaning and replacing tracheostomy tubes (C-1)

### AFFECTIVE OBJECTIVES

1. Define, identify and describe a tracheostomy, stoma, and tracheostomy tube. (C-1)
2. Define, identify, and describe a laryngectomy. (C-1)
3. Define how to ventilate with a patient with a stoma, including mouth-to-stoma and bag-valve-mask-to-stoma ventilation. (C-1)
4. Demonstrate how to artificially ventilate a patient with a stoma.(P 1,2)
5. Demonstrate the techniques and steps of suctioning laryngectomies (stomas). (P-1,2)
6. Demonstrate the techniques and steps of suctioning tracheostomy tubes (P-1,2)
7. Demonstrate the techniques and steps of cleaning and replacing tracheostomy tubes (P-1,2)

### PSYCHOMOTOR OBJECTIVES

1. Defend oxygenation and ventilation. (A-1)
2. Defend the necessity of establishing and/ or maintaining patency of a patient's airway. (A-1)
3. Comply with standard precautions to defend against infectious and communicable diseases. (A-1)

## PREPARATION

### Motivation:

Accurate assessment and management of the airway is critical to survival of illness and injury. It is the first assessment and treatment in basic and advanced life support.

Patients with laryngectomies (stomas) and tracheostomy tubes are becoming a more prevalent patient population for the EMS community. As our exposure to these patients increases so does the potential for problems relating to airway management.

## **EMT Basic: Virginia 2007 Curriculum Update**

### **Module 2: Airway**

#### **Lesson 2-1A: Tracheostomy Management**

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Tracheostomy patients and their care providers are trained in the day to day care of their airways. If an emergency situation should develop the EMT-Basic should have a rudimentary knowledge of how to maintain a patient airway in this patient population.

#### Prerequisites:

BLS, Preparatory, Airway, Patient Assessment, History and Physical Exam for Medical and Trauma Patients, Infants and Children

### **MATERIALS**

#### AV Equipment:

The Virginia Office of EMS Currently provides AV aids for the infants and children curriculum. The EMSAT Instructor Edition: Children with Special Needs video gives visual and auditory demonstrations of multiple children with tracheal tube management problems.

Utilize various audio-visual materials relating to tracheostomy management. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meets the needs of the program. Materials should be edited to assure the objectives of the curriculum are met.

#### EMS Equipment:

Manikin with a simulated stoma that can accept the insertion of a tracheostomy tube (the manikin need not have chest rise and fall with ventilation), various tracheostomy tube sizes, various suction catheters, simulated sterile water, stethoscope, BVM

### **PERSONNEL**

#### Primary Instructor:

One EMT-Basic instructor knowledgeable in tracheostomy management

#### Assistant Instructor:

The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in tracheostomy management

#### Recommended Minimum Time to complete:

An Additional 15 minutes should be devoted to didactic instruction  
An Additional 45 minutes should be allotted for practical instruction and skill evaluation

## PRESENTATION

### Declarative (What)

#### I. Terminology

- a. Tracheostomy
  - i. Surgical opening into trachea
  - ii. Done in operating room under controlled conditions
  - iii. A stoma located just superior to the suprasternal notch
  - iv. A tube fits within stoma to ensure a patent airway
- b. Stoma
  - i. Resultant orifice connecting trachea to outside air
  - ii. Patient now breathes through this surgical opening
- c. Laryngectomy
  - i. Surgical procedure to remove part or entire larynx
  - ii. A stoma is created to allow the patient to breathe
  - iii. Some patients have partial laryngectomies. If, upon artificially ventilating stoma, air escapes from the mouth or nose, close the mouth and pinch the nostrils.

#### II. Complications

- a. Mucous plug
  - i. Laryngectomees possess less efficient cough
  - ii. Mucous commonly obstructs tubes
    - 1. If it is obstructed, suction it.
  - iii. Tube may be removed/ cleaned and replaced
- b. Stenosis
  - i. Stoma spontaneously narrows
  - ii. Potentially life-threatening
  - iii. Soft tissue swelling decreases stoma diameter
  - iv. Trach tube is difficult or impossible to replace

#### III. Emergency Management

- a. Suctioning
  - i. Procedure
    - 1. Select appropriate sized french suction catheter
    - 2. Preoxygenate
    - 3. Inject 3 cc sterile saline down trachea
    - 4. Instruct patient to exhale
    - 5. Insert suction catheter until resistance detected
    - 6. Instruct patient to cough or exhale
    - 7. Suction during withdrawal
- b. Tube Replacement
  - i. Indication
    - 1. if suctioning fails to clear an obstructed tube it may be necessary to replace the device.

## **EMT Basic: Virginia 2007 Curriculum Update**

### **Module 2: Airway**

#### **Lesson 2-1A: Tracheostomy Management**

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##### **ii. Procedure**

1. Select appropriate size catheter (same size as original catheter)
  - a. In some cases of stenosis a smaller sized catheter must be used.
2. Position the patient's head in a neutral position
3. Remove existing tube
4. Apply gentle traction below stoma
5. Insert replacement tube following the anatomy of the airway
6. Assure a false lumen has not been created
7. Secure tracheostomy tube
8. Continue patient assessment

##### Procedural (How)

1. Show charts of airways in adults and children with illustrations of tracheostomy tubes and stomas.
2. Show charts of ventilating children and adults with tracheostomy tubes and stomas.
3. Show anatomical models demonstrating processes involved in tracheostomy tube management skills.
4. Demonstrate all basic skills of airway management.
5. Show all components and various sizes of a tracheostomy tube.
6. Demonstrate selection of appropriate suction catheter.
7. Demonstrate proper stoma and tracheostomy suctioning techniques.
8. Demonstrate techniques for selection and preparation of tracheostomy tube.
9. Demonstrate inline positioning of the patient's head.
10. Demonstrate tracheostomy tube removal and replacement.
11. Demonstrate confirmation techniques.
12. Demonstrate methods of securing the tracheostomy tube.
13. Demonstrate methods of providing artificial ventilation with a tracheostomy tube.
14. Demonstrate patient assessment techniques post-airway placement.

##### Contextual (When, Where, Why)

There is an increasing population of adults and children with laryngectomies (stomas) and living outside a health care setting. This module provides the EMT-B with more exposure to the complications associated with stoma and tracheostomy tube airway management. Having them able to replace obstructed tracheostomy tubes increases their ability to maintain a patent airway in this patient population

**STUDENT ACTIVITIES**

Auditory (Hear)

1. The student should hear the sounds associated with suctioning a stoma and a tracheostomy tube.
2. The student should hear the sounds associated with ventilating a stoma or tracheostomy tube.
3. The student should hear the sounds associated with removing a tracheostomy tube.
4. The student should hear the associated sounds of tracheostomy tube insertion.
5. The student should hear the sounds associated with the preparation of the tracheostomy tube.
6. The student should hear lung sounds in the confirmation of the tracheostomy tube.
7. The student should hear the sounds associated with securing a tracheostomy tube.

Visual (See)

1. The student should see audio-visual aids or materials of stomas and various sizes and types of tracheostomy tube
2. The student should see examples adult patients needing stoma/tracheostomy management.
3. The student should see how to prepare the tracheostomy tube.
4. The student should see how to check the tube and cuffs prior to insertion.
5. The student should see how to insert the tracheostomy tube.
6. The student should see how to confirm placement of the tracheostomy tube.
7. The student should see how to ventilate esophageal and tracheal placement.
8. The student should see how to secure the tracheostomy tube.
9. The student should see how to continue monitoring the patient with a tracheostomy tube in place.

Kinesthetic (Do)

1. The student should practice selecting the proper suction catheter for tracheostomy/stoma suctioning.
2. The student should practice tracheostomy/stoma suctioning.
3. The student should practice selecting and preparing the tracheostomy tube.
4. The student should practice checking the tracheostomy tube and cuffs.
5. The student should practice positioning the head midline for tube insertion.
6. The student should practice removing the existing tracheostomy tube.
7. The student should practice inserting the tracheostomy tube.
8. The student should practice assessing for confirmation of tracheostomy tube placement.
9. The student should practice securing the tracheostomy tube tube.

## **EMT Basic: Virginia 2007 Curriculum Update**

### **Module 2: Airway**

#### **Lesson 2-1A: Tracheostomy Management**

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### **INSTRUCTOR ACTIVITIES**

#### **EVALUATION**

Written: Develop evaluation instruments, e.g., quizzes, verbal reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

Practical: Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

#### **REMEDATION**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

#### **ENRICHMENT**

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's guide and attach with lesson plan.

## OBJECTIVES

### Objectives Legend

C = Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application Level

3 = Problem-solving level

### COGNITIVE OBJECTIVES

1. Explain the relationship between pulmonary circulation and respiration. (C-3)
2. Describe the measurement of oxygen in the blood. (C-1)
3. List factors which cause decreased oxygen concentrations in the blood. (C-1)
4. Describe the indications for using a nasal cannula versus a nonrebreather face mask. (C-1)

### AFFECTIVE OBJECTIVES

1. Defend oxygenation and ventilation. (A-1)
2. Explain the rationale for providing adequate oxygenation through high inspired oxygen concentrations to patients who, in the past, may have received low concentrations.(A-3)
3. Comply with standard precautions to defend against infectious and communicable diseases. (A-1)

### PSYCHOMOTOR OBJECTIVES

1. Perform pulse oximetry. (P-2)

## PREPARATION

### Motivation:

Many Virginia EMS Agencies currently use pulse oximetry. Many regions have protocol allowing the use of adjusted dose oxygen by nasal cannula for patients already on oxygen at home or in a health care setting.

These procedures are non-invasive, easily learned, rapidly applied and inexpensive.

### Prerequisites:

This should be taught along with lesson 4-2: Respiratory Emergencies

## MATERIALS

### AV Equipment:

Utilize various audio-visual materials relating to the use of pulse oximetry. The continuous design and development of new audio-visual materials relating to EMS requires careful review to

## EMT Basic: Virginia 2007 Curriculum Update

### Module 4: Medical Emergencies

#### Lesson 4-2: Respiratory Emergencies

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determine which best meets the needs of the program. Materials should be edited to assure the objectives of the curriculum are met.

#### EMS Equipment:

A pulse oximeter in addition to the equipment required for the respiratory emergencies module, lesson 4-2.

### **PERSONNEL**

#### Primary Instructor:

One EMT-Basic instructor knowledgeable in the use of pulse oximetry.

#### Assistant Instructor:

The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in the use of pulse oximetry.

#### Recommended Minimum

#### Time to complete:

This module can be taught during the respiratory emergencies module

## **PRESENTATION**

### Declarative (What)

1. Oxygen content of blood
  - a. Dissolved O<sub>2</sub> crosses pulmonary capillary membrane and binds to hemoglobin (Hgb) of red blood cell
  - b. Oxygen is carried
    - i. Bound to hemoglobin
    - ii. Dissolved in plasma
  - c. O<sub>2</sub> saturation
    - i. % of hemoglobin saturated
    - ii. Normally 96 – 100%
2. Causes of decreased oxygen concentrations in the blood
  - a. Lower partial pressure of atmospheric O<sub>2</sub>
    - i. High altitude
    - ii. Carbon Monoxide
    - iii. Gas Leak
  - b. Lower hemoglobin levels in blood
    - i. Anemia
    - ii. Sickle cell disease
    - iii. Hypovolemia
    - iv. Shock
  - c. Trauma
    - i. Less surface area for gas exchange
      1. Pneumothorax
      2. Hemothorax

- 3. Combination of pneumothorax and hemothorax
      - 4. Pulmonary contusions
    - ii. Decreased mechanical effort
      - 1. C-spine injury
      - 2. Rib fracture
    - iii. Pain
    - iv. Traumatic suffocation
    - v. Hypoventilation
  - d. Medical
    - i. Physiological barriers
      - 1. Pneumonia
      - 2. Pulmonary edema / Congestive Heart Failure
      - 3. COPD
      - 4. Muscular Disorders
3. Supplemental oxygen therapy
- a. Rationale
    - i. Enriched O<sub>2</sub> atmosphere increases oxygen to cells
    - ii. Increasing available O<sub>2</sub> increases patient's ability to compensate
    - iii. O<sub>2</sub> delivery method must be reassessed to determine adequacy and efficiency
  - b. Delivery devices
    - i. Nasal cannula
      - 1. Nasally placed O<sub>2</sub> catheter for oxygen enrichment
      - 2. Optimal delivery: 40% at 6 L/ min
      - 3. Indications
        - a. Low to moderate O<sub>2</sub> enrichment
        - b. Long term O<sub>2</sub> maintenance therapy
      - 4. Contraindications
        - a. Poor respiratory effort
        - b. Significant hypoxia
        - c. Apnea
        - d. Mouth breathing
      - 5. Advantage
        - a. Well tolerated
      - 6. Disadvantage
        - a. Does not deliver high volume/ high concentration
    - ii. Non-rebreather mask
      - 1. Mask with a single side port covered by one-way disc
      - 2. Reservoir bag with one way valve attached
      - 3. Range: 80-95+% at 15 L/ min
      - 4. Indication
        - a. Delivery of highest O<sub>2</sub> concentration
      - 5. Contraindications
        - a. Apnea
        - b. Poor respiratory effort

## EMT Basic: Virginia 2007 Curriculum Update

### Module 4: Medical Emergencies

#### Lesson 4-2: Respiratory Emergencies

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#### 6. Advantages

- a. Highest O<sub>2</sub> concentration
- b. Delivers high volume/ high O<sub>2</sub> enrichment
- c. Patient inhales enriched O<sub>2</sub> from reservoir bag rather than residual air

#### 7. Disadvantages

- a. None in the emergency setting

#### 4. Pulse Oximetry

##### a. Indications

- i. May be used with any patient experiencing dyspnea
- ii. Is used to partially evaluate a patient's response to treatment

##### b. Method

- i. Place appropriate probe on patient's distal finger
- ii. Some probes are designed to attach to the patient's earlobe or toe
- iii. Check machine to ensure a strong pulse wave is being received by the probe
- iv. Pulse oximetry readings
  - 1. 96% - 100% relatively normal
  - 2. 91% - 95% indicates hypoxia
  - 3. 86% - 90% indicates significant hypoxia
  - 4. less than 86% indicates severe hypoxia

##### c. Indications

- i. May be used with any patient experiencing dyspnea

##### d. Advantages

- i. Easy to apply
- ii. Non-invasive

##### e. Disadvantages

- i. Misleading in patients with hypovolemia or decreased hemoglobin (Hgb) count.
- ii. Poor reading in patients with hypothermia
- iii. Falsely high readings with carbon monoxide inhalation as it binds to hemoglobin (Hgb)
- iv. Excessive movement may cause inaccurate readings
- v. Nail polish may cause inaccurate readings
- vi. The batteries and probe must be in good condition to obtain accurate readings.

##### f. Special Considerations

- i. Pulse oximetry may be used to assist in the evaluation of a patient's response to treatment
- ii. Pulse oximetry should not replace other methods of patient assessment.
- iii. Never deprive a patient in respiratory distress from oxygen while attempting to obtain a pulse oximetry reading

Procedural (How)

1. Show examples of pulse oximetry monitoring devices
2. Demonstrate pulse oximetry placement and monitoring
3. Demonstrate pulse oximetry trouble shooting for weak monitor signals

Contextual (When, Where, Why)

If the patient has adequate breathing, the EMT-Basic must decide if oxygen is indicated. If oxygen is necessary, the EMT-Basic must select the appropriate device and follow the procedure for delivery.

Pulse oximetry allows for accurate trending of a patient's condition. It is not meant to be an indicator for treatment of a patient in respiratory distress. It is a useful tool in measuring your patient's response to treatment.

**STUDENT ACTIVITIES**

Auditory (Hear)

1. The student should hear sounds associated with use of a pulse oximeter

Visual (See)

1. The student should see the components of a pulse oximeter
2. The student should see the proper application of a pulse oximeter

Kinesthetic (Do)

1. The student should perform pulse oximetry monitoring

**INSTRUCTOR ACTIVITIES**

**EVALUATION**

<u>Written:</u>	Develop evaluation instruments, e.g., quizzes, verbal reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.
<u>Practical:</u>	Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

**REMEDICATION**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

## **EMT Basic: Virginia 2007 Curriculum Update**

### **Module 4: Medical Emergencies**

#### **Lesson 4-2: Respiratory Emergencies**

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<b>ENRICHMENT</b>
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What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's guide and attach with lesson plan.

DRAFT

## OBJECTIVES

### Objectives Legend

C = Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application Level

3 = Problem-solving level

### COGNITIVE OBJECTIVES

1. Describe the indications, contraindications, advantages, disadvantages, complications, equipment, and technique for using a dual lumen airway. (C-3) (Optional by Region)
2. Describe the methods of assessment for confirming correct placement of a combitube. (C-1)
3. Describe methods for securing a combitube or dual lumen airway. (C-1)

### AFFECTIVE OBJECTIVES

1. Defend oxygenation and ventilation. (A-1)
2. Defend the necessity of establishing and/ or maintaining patency of a patient's airway. (A-1)
3. Comply with standard precautions to defend against infectious and communicable diseases. (A-1)

### PSYCHOMOTOR OBJECTIVES

1. Perform body substance isolation (BSI) procedures during basic airway management, advanced airway management, and ventilation. (P-2)
2. Insert a dual lumen airway. (P-2)
3. Perform assessment to confirm correct placement of the dual lumen airway. (P-2)
4. Adequately secure a dual lumen airway or combitube (P-1)

## PREPARATION

### Motivation:

Accurate assessment and management of the airway is critical to survival of illness and injury. It is the first assessment and treatment in basic and advanced life support. Often the patient with airway compromise requires advanced management and the first to arrive at such crises is an EMT-Basic. The EMT-Basic is now recognized for their ability to provide care to the greatest number of patients. The management of the airway is paramount to the overall care of the patient. The use of the dual lumen airway/combitube procedures should enhance patient care and outcomes.

Many regions within Virginia currently allow rescue airway devices. Adding this module to the basic program will give the EMT-B student more exposure to advanced airway management.

## **EMT Basic: Virginia 2007 Curriculum Update**

Module \_\_: Airway

Lesson \_\_-\_\_: Dual Lumen/Combitube

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Prerequisites: EMT-B NSC 1994: BLS, Preparatory and Airway Lesson 2-1.

### **MATERIALS**

AV Equipment: Utilize various audio-visual materials relating to the Dual Lumen Airway. The continuous design and development of new audio-visual materials relating to EMS requires careful review to determine which best meets the needs of the program. Materials should be edited to assure the objectives of the curriculum are met.

EMS Equipment: Exam gloves, eye protection, basic airway adjuncts, adult intubation manikins, stethoscopes(1:6), dual lumen airway/combitube, 100 mL syringe, 15 mL syringe, lubricant, suction units, oxygen cylinders, bag-valve-mask (1:6), oxygen supply tubing, adult throat models showing anatomy to include trachea and vocal cords, face masks.

### **PERSONNEL**

Primary Instructor: One EMT-Basic instructor knowledgeable in Airway management and the use of the dual lumen airway or Combitube.

Assistant Instructor: The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in Airway management and the use of the dual lumen airway or Combitube.

Recommended Minimum Time to complete: An Additional 1 Hour should be devoted to didactic presentation

## **PRESENTATION**

### **Declarative (What)**

1. Pharyngeal and endotracheal tube molded into a single unit
2. Method
  - a. Head - neutral position
  - b. Pre-intubation precautions
- a. Insert with jaw-lift at midline
- b. Inflate pharyngeal cuff with 85 - 100 mL of air
- c. Inflate distal cuff with 10 - 15 mL of air
- d. Ventilate through longest tube first (pharyngeal)
  - i. Chest rise indicates esophageal placement of distal tip
  - ii. No chest rise indicates tracheal placement, switch ports and ventilate
3. Indications
  - a. When prolonged artificial ventilation is required.

- b. When adequate artificial ventilation cannot be achieved by other methods.
- c. Clearly apneic patient.
- d. Unresponsive patients without cough or gag reflex.
- 4. Contraindications
  - a. Responsive patients with an intact gag reflex.
  - b. Patients with known esophageal disease.
  - c. Patients who have ingested caustic substances.
  - d. Patients under 4 feet tall (37 Fr Combitube).
  - e. Patients under 5 feet tall (41 Fr Combitube).
  - f. Dextrose or naloxone to be administered to the patient (precaution only)
- 5. Advantages
  - a. Rapid insertion
  - b. No special equipment
  - c. Does not require sniffing position
  - d. Prevents gastric distension.
  - e. Minimizes risk of aspiration.
- 6. Disadvantages
  - a. Impossible to suction trachea when tube is in esophagus
  - b. Adults only
  - c. Unconscious only
  - d. Very difficult to intubate around
- 7. Special considerations
  - a. Good assessment skills are essential to confirm proper placement
  - b. Mis-identification of placement has been reported
  - c. Reinforce multiple confirmation techniques
- 8. Procedure – Removal
  - a. Turn the patient onto side.
  - b. Deflate the proximal pharyngeal cuff (blue pilot balloon).
  - c. Deflate the distal esophageal cuff (white pilot balloon).
  - d. Remove the Combitube carefully, suctioning as needed.
  - e. Insert an oropharyngeal or nasopharyngeal airway as needed.
  - f. Continue ventilations with a BVM and oxygen at 10-15 LPM as needed.

Procedural (How)

1. Show charts of airways in adults with illustrations of esophageal and tracheal dual lumen/combitube placement.
2. Show anatomical models of adults demonstrating processes involved in dual lumen/combitube skills.
3. Demonstrate all basic skills of airway management.
4. Show all components of a dual lumen/combitube device used in advanced airway management.
5. Demonstrate techniques for selection and preparation of the dual lumen airway /combitube.
6. Demonstrate inline positioning of the patient's head.
7. Demonstrate tongue jaw lift to open airway for the dual lumen airway/combitube.

## **EMT Basic: Virginia 2007 Curriculum Update**

Module \_\_: Airway

Lesson \_\_-\_\_: Dual Lumen/Combitube

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8. Demonstrate insertion of the dual lumen airway /combitube.
9. Demonstrate confirmation techniques.
10. Demonstrate methods of securing the tube.
11. Demonstrate methods of providing artificial ventilation with the dual lumen airway /combitube.
12. Demonstrate patient assessment techniques post-airway placement.
13. Demonstrate proper dual lumen airway /combitube removal.

### Contextual (When, Where, Why)

Basic level EMTs have not been afforded the opportunity to properly manage the airway of patients for decades. It has long been recognized that the greatest need in patient care has been the need for better methods of managing and ultimately, controlling the airway.

All patients exhibiting respiratory distress should receive oxygen therapy. If the patient becomes unresponsive, begin with basic airway adjuncts and skills. If the patient is not breathing, placement of a dual lumen airway/combitube may be preferred.

### **STUDENT ACTIVITIES**

#### Auditory (Hear)

1. The student should hear the associated sounds of dual lumen airway /combitube insertion.
2. The student should hear the sounds associated with the preparation of the dual lumen airway /combitube .
3. The student should hear lung sounds in the confirmation of the dual lumen airway /combitube.
4. The student should hear the sounds associated with securing a dual lumen airway /combitube.
5. The student should hear the sounds associated with removing a dual lumen airway /combitube.

#### Visual (See)

1. The student should see audio-visual aids or materials of the dual lumen airway /combitube
2. The student should see examples adult patients needing advanced airway management.
3. The student should see how to prepare the dual lumen airway /combitube.
4. The student should see how to prepare 100 mL and 15 mL syringes for cuff inflation.
5. The student should see how to check the tube and cuffs prior to insertion.
6. The student should see how to use a tongue jaw lift to open the airway.
7. The student should see how to insert the dual lumen airway /combitube.
8. The student should see how to confirm placement of the tube.
9. The student should see how to ventilate esophageal and tracheal placement.

10. The student should see how to secure the tube.
11. The student should see how to continue monitoring the patient with a dual lumen airway /combitube in place.

Kinesthetic (Do)

1. The student should practice preparing the dual lumen airway /combitube.
2. The student should practice preparing the 100 mL and 15 mL syringes for cuff inflation.
3. The student should practice checking the tube and cuffs.
4. The student should practice positioning the head midline for tube insertion.
5. The student should practice using a tongue jaw lift to open the airway.
6. The student should practice inserting the dual lumen airway /combitube.
7. The student should practice assessing for confirmation of tube placement.
8. The student should practice ventilating esophageal and tracheal placement
9. The student should practice securing the tube.

**INSTRUCTOR ACTIVITIES**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation form).

**EVALUATION**

<u>Written:</u>	Develop evaluation instruments, e.g., quizzes, verbal reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.
<u>Practical:</u>	Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

**REMEDIATION**

Identify students or groups of students who are having difficulty with this subject content.  
Complete remediation sheet from the instructor's course guide.

**ENRICHMENT**

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's guide and attach with lesson plan.

## OBJECTIVES

### Objectives Legend

C = Cognitive P = Psychomotor A = Affective

1 = Knowledge level

2 = Application Level

3 = Problem-solving level

### COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- Demonstrate the cognitive objectives of Lesson 8-4: Advanced Airway Elective.

### AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- Demonstrate the affective objectives of Lesson 8-4: Advanced Airway Elective.

### PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- Demonstrate the psychomotor objectives of Lesson 8-4: Advanced Airway Elective.

## PREPARATION

### Motivation:

The practical lesson is designed to allow the students additional time to perfect skills. It is of utmost importance that the students demonstrate proficiency of the skill, cognitive knowledge of the steps to perform a skill, and a healthy attitude towards performing that skill on a patient.

This is an opportunity for the instructor and assistant instructors to praise progress and re-direct the students toward appropriate psychomotor skills. The material from all preceding lessons and basic life support should be incorporated into these practical skill sessions.

### Prerequisites:

EMT-B NSC 1994: BLS, Preparatory, Airway Lesson 2-1, and Advanced Airway Lesson 8-4

## MATERIALS

### AV Equipment:

Typically none required.

### EMS Equipment:

Equipment from the list in Lesson 8-4.

## **EMT Basic: Virginia 2007 Curriculum Update**

### **Module 8: Advanced Airway**

#### **Lesson 8-5: Dual Lumen Airway/Combitube**

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### **PERSONNEL**

Primary Instructor: One proctor for the written evaluation.

Assistant Instructor: The instructor-to-student ratio should be 1:6 for psychomotor skill practice. Individuals used as assistant instructors should be knowledgeable in basic and advanced airway procedures for adults, infants and children.

Recommended Minimum Time to complete: An additional 2 hours should be devoted to skills practice and evaluation. It is recommended that this skill be combined with scenarios throughout the course.

### **PRESENTATION**

#### **Procedural (How)**

- Instructor should demonstrate the procedural activities from Lesson 8-4: Advanced Airway Elective.

#### **Contextual (When, Where, Why)**

- Instructor should review contextual information from Lesson 8-4: Advanced Airway Elective.

### **STUDENT ACTIVITIES**

#### **Auditory (Hear)**

- The students should hear the auditory information from Lesson 8-4: Advanced Airway Elective.

#### **Visual (See)**

- The students should see the visual material from Lesson 8-4: Advanced Airway Elective.

#### **Kinesthetic (Do)**

- The students should practice the kinesthetic activities from Lesson 8-4: Advanced Airway Elective.

### **INSTRUCTOR ACTIVITIES**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

### **EVALUATION**

## EMT Basic: Virginia 2007 Curriculum Update

### Module 8: Advanced Airway

#### Lesson 8-5: Dual Lumen Airway/Combitube

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Written: Develop evaluation instruments, e.g., quizzes, verbal reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

Practical: Evaluate the actions of the EMT-Basic students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

#### REMEDATION

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

#### ENRICHMENT

What is unique in the local area concerning this topic? Complete enrichment sheets from instructor's guide and attach with lesson plan.

# COMBITUBE AIRWAY SKILL SHEET

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by “\*\*\*” so long as first ventilation is delivered within 30 seconds.

Column A = Procedure Check List, Column B = Skills Evaluation

Desired Action or Procedure	Points	A	B
Takes or verbalizes body substance isolation procedures	1		
Checks for response	1		
Opens the airway manually	1		
Checks breathing ( <i>Minimum 5 seconds; maximum 10 seconds</i> )	1		
Gives 2 breaths ( <i>1 second each</i> )	1		
Checks carotid pulse ( <i>Minimum 5 seconds; maximum 10 seconds</i> )	1		
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1		
<b>NOTE: Examiner informs candidate no gag reflex is present and patient accepts adjunct</b>			
Attaches oxygen reservoir to bag-valve mask device and connects to high flow oxygen regulator	1		
Ventilates patient at a rate of 10-12/minute with appropriate volumes	1		
<b>NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and insertion of the Combitube airway is indicated. The examiner must now take over ventilation.</b>			
Directs assistant to preoxygenate patient	1		
Checks/prepares airway device	1		
Lubricates distal tip of the device [may be verbalized]	1		
<b>NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device.</b>			
Positions head properly	1		
Performs a tongue-jaw lift	1		
Inserts device in mid-line and to depth so printed ring is at level of teeth	1		
Inflates pharyngeal cuff with proper volume and removes syringe	1		
Inflates distal cuff with proper volume and removes syringe	1		
Attaches/directs attachment of BVM to the first [esophageal placement] lumen and ventilates	1		
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung	1		
<b>NOTE: Examiner states: “You do not see rise and fall of the chest and you only hear sounds over the epigastrium.”</b>			
Attaches/directs attachment of BVM to the second [endotracheal placement] lumen and ventilates	1		
Confirms placement and ventilation through correct lumen by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung	1		
<b>NOTE: Examiner confirms adequate chest rise, absent sounds over the epigastrium, and equal bilateral breath sounds.</b>			
Secures device or confirms that the device remains properly secured.	1		
Ventilates patient at a rate of 8-10/minute with appropriate volumes.	1		
<b>Passing Score: 18 points</b>	<b>Total:</b>	<b>23</b>	

- \_\_\_\_\_ Failure to initiate ventilations within 30 seconds after taking BSI precautions or interrupts ventilations for greater than 30 seconds at any time.
- \_\_\_\_\_ Failure to voice and ultimately provide high oxygen concentrations.
- \_\_\_\_\_ Ventilates patient at a rate greater than 12 breaths per minute.
- \_\_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- \_\_\_\_\_ Failure to insert the dual lumen airway device at a proper depth or at either proper place within 3 attempts.
- \_\_\_\_\_ Failure to inflate both cuffs properly.
- \_\_\_\_\_ Failure to remove the syringe immediately after inflation of each cuff.
- \_\_\_\_\_ Failure to confirm that the proper lumen of the device is being ventilated by observing chest rise, auscultation over the epigastrium, and bilaterally over each lung.
- \_\_\_\_\_ Inserts any adjunct in a manner dangerous to patient.

**Attachment: G**  
**July 11, 2007 PDC Minutes**

**REVISED Competency List**  
**For EMT-B Pilot Programs**

**Virginia EMT B Competencies  
Module 1 Preparatory**

Name: \_\_\_\_\_

1	1-2.12	Must demonstrate the ability to select, don, remove and discard PPE													
2	1-2.13	Must Demonstrate the ability to properly disinfect/clean EMS equip/ambulance													
3	1-2.13	Must demonstrate the ability to properly comply w/infectious control exposure using local protocols													
4	1-5.32	Must demonstrate the ability to assess a patient for breathing difficulty													
5	1-5.33	Must demonstrate ability to acquire a pulse providing rate, rhythm, and strength													
6	1-5.34	Must demonstrate ability to assess the skin color, temp, and condition in an adult													
7	1-5.34	Must demonstrate ability to assess capillary refill in pt. < 6 yo.													
8	1-5.35	Must demonstrate ability to assess the pupils as to equality, size, reactivity													
9	1-5.36	Must demonstrate ability to obtain a blood pressure													
10	1-5.37	Must demonstrate ability to obtain a SAMPLE history													
11	1-6.14	Operate stretcher													
12	1-6.14	Operate Stair chair													
13	1-6.14	Move Patient using Spine board													
14	1-6.15	Move pt. from ambulance stretcher to a hospital bed													

**Virginia EMT B Competencies  
Module 2 Airway**

Name: \_\_\_\_\_

	Objective	Competency					
1	2-1.25	Must demonstrate ability to perform a chin-lift during an airway scenario					
2	2-1.26	Must demonstrate ability to perform a jaw thrust during an airway scenario					
3	2-1.27	Must demonstrate ability to perform suctioning during an airway scenario using soft/rigid suction devices					
4	2-1.28 2-1.29	Must demonstrate ability to provide mouth to mouth ventilation using BSI (pocket mask)					
5	2-1.30 2-1.31	Must demonstrate ability to assemble, connect to O2 and ventilate during airway scenario using BVM					
6	2-1.32	Must demonstrate ability to ventilate using a BVM for 1 min each demonstration					
7	2-1.33	Must demonstrate ventilating with a flow restricted, oxygen powered ventilation device					
8	2-1.34	Demonstrate how to artificially ventilate patient w/stoma					
9	2-1.35	Demonstrate how to insert OP airway during an airway scenario					
10	2-1.36	Demonstrate how to insert NP airway during an airway scenario					
11	2-1.37	Correctly operate O2 tanks and regulator					
12	2-1.38	Demonstrate use of nonrebreather and adjust O2 flow requirements needed for use during airway scenario					

CPR

**Virginia EMT B Competencies  
Module 2 Airway**

Name: \_\_\_\_\_

13	2-1.39	Demonstrate use of nasal canula and adjust O2 flow requirements needed for use during airway scenario							
14	2-1.40	Demonstrate how to artificially ventilate an infant and child during scenario							
15	2-1.41	Demonstrate O2 administration to infants and children							

**Virginia EMT B Competencies  
Module 3 Patient Assessment**

Name: \_\_\_\_\_

	Objective	Competency				
1	3-1.9	While reviewing scenes identify potential hazards				
2	3-2.22	Demonstrate the techniques for assessing mental status in a scenario				
3	3-2.23	Demonstrate techniques for assessing the airway in a scenario				
4	3-2.24	Demonstrate techniques for assessing if pt. is breathing in a scenario				
5	3-2.25	Demonstrate techniques for assessing if pt. has a pulse scenario				
6	3-2.26	Demonstrate Techniques for assessing pt. for external bleeding in a scenario				
7	3-2.27	Demonstrate techniques for assessing pt. skin color, temp. condition in scenario				
8	3-2.28	Demonstrate the ability to prioritize pt. in scenario				
9	3-3.8	Demonstrate rapid trauma assess based on mech. of injury in scenario				
10	3-4.6	Demonstrate pt. assessment skills in responsive pt. with no known history in scenario				
11	3-4.7	Demonstrate pt. assessment skills in an unconscious/ALOC pt. in scenario				
12	3-5.6	Demonstrate skills in detailed physical exam				

**Virginia EMT B Competencies  
Module 3 Patient Assessment**

Name: \_\_\_\_\_

13	3-6.7	Demonstrate skills in ongoing assessment				
14	3-7.11	Perform a simulated, organized, concise radio transmission (lab setting)				
15	3-7.12	Perform pt. report that would be given to staff at receiving facility (lab setting)				
16	3-7.13	Perform report that would be given to ALS provider in (lab setting)				
17	3-8.11	Complete prehospital care report (lab setting)				

**Virginia EMT B Competencies  
Module 4 Medical, Behavioral,  
OB Emergencies**

Name: \_\_\_\_\_

	Objective	Competency	1	2	3	4	5
1	4-1.7	Demonstrate General steps for assisting pt. with self administration of meds					
2	4-1.8	Read labels and inspect each type of meds					
3	4-2.13	Demonstrate emergency medical care for breathing difficulty in scenario					
4	4-2.14	Perform steps in using inhaler scenario					
5	4-3.47	Demonstrate assessment and care for chest pain pt. in scenario					
6	4-3.48	Demonstrate application and operation of AED in scenario w/CPR					
7	4-3.49	Demonstrate maintenance of AED					
8	4-3.50	Demonstrate assessment and documentation of patient response to AED					
9	4-3.52	Demonstrate skills to complete the automated defibrillator: operators shift checklist					
10	4-3.52	Perform steps for use of Nitro for chest pain/discomfort in scenario					
11	4-3.53	Demonstrate assessment and documentation of pt. response to nitro in scenario					
12	4-3.54	Practice completing PPCR for cardiac emerg. In scenario					
13	4-4.7	Demonstrate steps in emergency medical care for Pt. taking diabetic medicine w/ALOC in scenario					

**Virginia EMT B Competencies  
Module 4 Medical, Behavioral,  
OB Emergencies**

Name: \_\_\_\_\_

14	4-4.8	Demonstrate steps in administration of oral glucose in scenario			
15	4-4.9	Demonstrate assessment and documentation of pt response to oral glucose in scenario			
16	4-4.10	Demonstrate how to complete PPCR for Pt. w/diabetic emerg in scenario			
17	4-5.9	Demonstrate care for Pt. w/allergic reaction in scenario			
18	4-5.10	Demonstrate use of EPI-Pen in scenario			
19	4-5.11	Assessment/documentation of Pt. in response to EPI-Pen in scenario			
20	4-5.12	Demonstrate proper disposal of equipment in scenario			
21	4-5.13	demonstrate completion of PPCR for Pt. Allergic reaction in scenario			
22	4-6.10	Demonstrate care of Pt. w/possible overdose scenario			
23	4-7.9	Demonstrate assessment/care of pt. w/exposure to cold in scenario			
24	4-7.10	Demonstrate assessment/care of pt. w/exposure to heat in scenario			
25	4-7.11	Assessment/care of near drowning pt in scenario			
26	4-7.12	Complete prehospital care report for pt. w/environmental emergencies in scenario			
27	4-8.10	Assessment/care of pt w/behavioral emergency in scenario			

**Attachment G - 7/11/07 DRAFT PDC Minutes**

6/1/2007

**Virginia EMT B Competencies  
Module 4 Medical, Behavioral,  
OB Emergencies**

Name: \_\_\_\_\_

28	4-8.11	Demonstrate techniques to restrain pt. with behavioral problem in scenario		
29	4-9.20	Demonstrate steps to assist in normal cephalic delivery		
30	4-9.21	Demonstrate necessary care for fetus as head appears		
31	4-9.22	Demonstrate infant neonatal procedures		
32	4-9.23	Demonstrate post delivery care of infant		
33	4-9.24	Demonstrate how and when to cut umbilical cord		
34	4-9.25	Attend to steps in the delivery of the placenta		
35	4-9.26	Demonstrate post-delivery care of mother		
36	4-9.27	Demonstrate the procedures for following abnormal deliveries (vaginal bleeding, breech birth, prolapsed cord, limb presentation)		
37	4-9.28	Demonstrate steps in care of mother with excessive bleeding		
38	4-9.29	Complete PPCR of OB pt		

**Virginia EMT B Competencies  
Module 5 Trauma**

Name: \_\_\_\_\_

1	5-1.12 5-1.13	Demonstrate direct then diffuse pressure by applying dressing to the head			
2	5-1.12 5-1.13	Demonstrate direct then diffuse pressure by applying dressing to the shoulder			
3	5-1.12 5-1.13	Demonstrate direct then diffuse pressure by applying dressing an extremity			
<del>4</del>	<del>5-1.12 5-1.13</del>	<del>Demonstrate direct then diffuse pressure by applying dressing to the finger</del>	<del></del>	<del></del>	<del></del>
5	5-1.12 5-1.13	Demonstrate direct then diffuse pressure by applying dressing to the hip			
<del>6</del>	<del>5-1.12 5-1.13</del>	<del>Demonstrate direct then diffuse pressure by applying dressing to the calf</del>	<del></del>	<del></del>	<del></del>
7	5-1.14	Demonstrate use of pressure point/tourniquet at brachial			
8	5-1.14	Demonstrate use of pressure point/tourniquet at Femoral			
9	5-1.15 5-1.16	Demonstrate care of pt. w/signs and symptoms of internal bleeding/shock			
10	5-1.17	Complete PPCR on Bleeding and/or shock Pt.			
11	5-2.29	Demonstrate the care of closed soft tissue injuries			
12	5-2.30	Demonstrate the care of open soft tissue injuries			
13	5-2.31	Demonstrate care of open chest wound			
14	5-2.32	Demonstrate care of open abdominal wounds			

**Virginia EMT B Competencies  
Module 5 Trauma**

Name: \_\_\_\_\_

15	5-2.33	Demonstrate care of impaled object			
16	5-2.34 5-2.35	Demonstrate care of pt w/amputation and the amputated part			
17	5-2.36	Demonstrate care of pt. with superficial burns			
18	5-2.37	Demonstrate care of pt. with partial thickness burns			
19	5-2.38	Demonstrate care of pt. with full thickness burns			
20	5-2.39	Demonstrate care of pt. w/chemical burns			

**Virginia EMT B Competencies  
Module 5 Trauma**

Name: \_\_\_\_\_

21	5-2.40	Complete PPCR w/pt. having soft tissue injuries				
22	5-3.11 5-3.12	Demonstrate care of pt. with painful swollen deformed forearm (complete PPCR on one)				
23	5-3.11 5-3.12	Demonstrate care of pt. with painful swollen deformed arm (complete PPCR on one)				
24	5-3.11 5-3.12	Demonstrate care of pt. with painful swollen deformed clavicle (complete PPCR on one)				
25	5-3.11 5-3.12	Demonstrate care of pt. with painful swollen deformed thigh (complete PPCR on one)				
26	5-3.11 5-3.12	Demonstrate care of pt. with painful swollen deformed calf (complete PPCR on one)				
27	5-3.11 5-3.12	Demonstrate care of pt. with painful swollen deformed ankle/foot (complete PPCR on one)				
28	5-3.12	Complete PPCR w/pt. having painful, swollen deformity				
29	5-4.33	Demonstrate opening airway in pt. with suspected spinal cord injury. (during scenario)				
30	5-4.34	Demonstrate evaluating a responsive patient with a suspected spinal cord injury.				
31	5-4.33	Demonstrate stabilization of the cervical spine. (during scenario)				
32	5-4.36	Demonstrate the four person log roll for a pt. with a suspected spinal cord injury (during scenario)				
33	5-4.37	Demonstrate how to log roll a pt. with a suspected spinal cord injury using two people (during scenario)				
34	5-4.38	Demonstrate securing a pt to a long spine board (during scenario)				

**Virginia EMT B Competencies  
Module 5 Trauma**

Name: \_\_\_\_\_

35	5-4.39	Demonstrate using the short board technique				
36	5-4.40	Demonstrate procedure for rapid extrication				
37	5-4.41	Demonstrate preferred methods for stabilization of a helmet				
38	5-4.42 5-4.43	Demonstrate helmet removal techniques				
39	5-4.44	Demonstrate completing a PPCR for Pt.s with head and spinal injuries				

**Virginia EMT B Competencies  
Module 6 and 7  
Infants and Children  
Ambulance Operations**

Name: \_\_\_\_\_

1	6-1.21	Demonstrate the techniques of foreign body airway obstruction removal in the infant			
2	6-1.22	Demonstrate the techniques of foreign body airway obstruction removal in the child			
3	6-1.23	Demonstrate the assessment of an infant and a child			
4	6-1.24	Demonstrate bag-valve-mask artificial ventilations for the infant			
5	6-1.25	Demonstrate bag-valve-mask artificial ventilations for the child			
6	6-1.26	Demonstrate oxygen delivery for the infant and child			
1	7-1.16	Given a scenario of a mass casualty incident perform triage			